

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
PO BOX 44978  
INDIANAPOLIS IN 46244

In re  
THE HARROLD FAMILY LIMITED PARTNERSHIP  
SSN: NA EIN: 35-2000588  
9343 SEASCAPE DR  
INDIANAPOLIS, IN 46256

Case No:  
01-16128-BHL-11

Debtor(s)

**NOTICE OF AMENDMENT**

The above debtor(s) filed a petition for relief under Chapter 11 of the U.S. Bankruptcy Code and an order for relief was entered on October 18, 2001.

You were not listed by debtor(s) as a creditor before the Notice of Filing, Meeting of Creditors and Fixing of Dates was sent, but the debtor has since added you as a creditor. The Section 341 Meeting of Creditors was set for **November 30, 2001**, at 9:30 a.m., 101 W. Ohio St. Ste. 1010B, Indianapolis, IN 46204.

For individual or joint debtor cases: THE LAST DAY TO FILE COMPLAINTS OBJECTING TO DISCHARGE is fixed as the first date set by the Court for hearing on confirmation of the plan AND THE LAST DAY TO FILE COMPLAINTS TO DETERMINE THE DISCHARGEABILITY OF CERTAIN DEBTS specified under Section 523(c) of the U.S. Bankruptcy Code is sixty (60) days after the above date for the meeting of creditors.

Complaints to determine the dischargeability of certain debts which are not specified under Section 523(c) of the U.S. Bankruptcy Code may be filed at any time.

Objections to the debtor(s) claim of exempt property (Schedule C) must be filed within thirty (30) days after the conclusion of the meeting of creditors or any amendment to the Schedule C.

The last day to file claims (has been)/(will be) fixed by Court Order Approving Disclosure Statement or other Court Order.

A continued meeting of creditors may be requested from the U.S. trustee's office.

Dated: 12-06-2001

**JOHN A. O'NEAL, CLERK**  
**U.S. BANKRUPTCY COURT**

<b>UNITED STATES BANKRUPTCY COURT</b> <b>SOUTHERN DISTRICT OF INDIANA</b>		<b>Your Creditor Number</b>	<b>PROOF OF CLAIM</b>
<b>Name of Debtor</b> THE HARROLD FAMILY LIMITED PARTNERSHIP		<b>Case Number</b> 01-16128-BHL-11	<b>File claim form with:</b> <b>U.S. BANKRUPTCY COURT</b> <b>PO BOX 44978</b> <b>INDIANAPOLIS, IN 46244</b>
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b>  <b>Name and Address where notices should be sent:</b>  <b>Telephone Number:</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Account or other number by which creditor identifies debtor:</b>		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>9. Date-Stamped Copy:</b> PROOF OF CLAIM FORMS MUST BE FILED IN DUPLICATE. If you want a file stamped copy returned, please provide a third copy and a self-addressed, stamped envelope.			
<b>Date</b>	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b>		
<b>Penalty for presenting fraudulent claim:</b> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

11400 Commerce Park Drive  
Suite 600  
Reston, Virginia 22091-1506

# CERTIFICATE OF SERVICE

District/office: 0756-1  
Case: 01-16115-BHL-11

User: PA  
Form ID: VAN-27

Page 1 of 1  
Total Served: 10

Date Rcvd: Dec 04, 2001

The following entities were served by first class mail on Dec 06, 2001.

D	THE HARROLD FAMILY LIMITED PARTNERSHIP,	9343 SEASCAPE DR,	INDIANAPOLIS, IN 46256
DA	-LEONARD OPPERMAN,	KUNZ & OPPERMAN,	135 N PENNSYLVANIA ST STE 1750,
UST	U.S. TRUSTEE,	101 W OHIO ST STE 1000,	INDIANAPOLIS, IN 46204-1959
9	BRUCE D. BRATTAIN,	BRATTAIN MINNIX & YOUNG,	151 N DELAWARE ST STE 760,
15	+JAMES A. KNAUER,	KROGER GARDIS & REGAS,	111 MONUMENT CIR STE 900,
16	+TREASURER OF POLK COUNTY,	POLK COUNTY COURTHOUSE,	DES MOINES, IA 50309
17	AMERICAN EXPRESS,	SUITE 0002,	CHICAGO, IL 60679-0002
18	GMAC SMARTLEASE,	P O BOX 50470,	INDIANAPOLIS, IN 46250
19	AMERICAN EXPRESS,	SUITE 0001,	ATTN: SMALL BUSINESS SERVICES DEPT,
20	STAPLES,	DEPT. 82-0003630050,	P O BOX 9020, DES MOINES, IA 50368-9020

The following entities were served by electronic transmission.  
NONE.

TOTAL: 0

T \*\*\*\*\* BYPASSED RECIPIENTS (undeliverable, \* duplicate; \*\*\*\*\*  
[ \*\*\* NO NAME OR ADDRESS SUPPLIED \*\*\* ]

TOTALS: 1, \* 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.  
USPS regulations require that automation-compatible mail display the correct ZIP.

I, Joseph Speetjens, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

Date: Dec 06, 2001

Signature:

